

10/555078

JCS 2-1-100000 28 OCT 2005

Application Data Sheet

Application Information

Application number:	Not yet assigned
Filing Date:	Herewith
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	No
Number of Copies of CFR:	
Title:	IMPROVED IMMUNOASSAYS
Attorney Docket Number:	CIPH-0015
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	None
Total Drawing Sheets:	None
Small Entity?:	Yes
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Yip
Middle Name:	
Family Name:	Tai-Tung
Name Suffix:	
City of Residence:	Cupertino
State or Province of Residence:	California
Country of Residence:	United States of America
Street of mailing address:	1532 Aster Court
City of mailing address:	Cupertino
State or Province of mailing address:	California
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	95014

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Eric
Middle Name:	Thomas
Family Name:	Fung
Name Suffix:	
City of Residence:	Mountain View
State or Province of Residence:	California
Country of Residence:	United States of America
Street of mailing address:	440 Whisman Park Drive
City of mailing address:	Mountain View
State or Province of mailing address:	California
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	94043

Correspondence Information

Correspondence Customer No.:	53613
Name:	
Street of Mailing Address:	
City of Mailing Address:	
State or Province of Mailing Address:	
Country of Mailing Address:	
Postal or Zip Code of Mailing Address:	
Phone number:	
Fax number:	

Representative Information

Representative Customer No.:	53613
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application	An application claiming the benefit under 35 USC 119(e)	60/466,358	April 28, 2003
This application	An application claiming the benefit under 35 USC 119(e)	60/536,913	January 16, 2004

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:

Assignee Information

Assignee name:	
Street of mailing address:	
City of mailing address:	
State or Province of mailing address:	
Country of mailing address:	
Postal or Zip Code of mailing address:	